ART. VIII.—*Midwifery Statistics from Private Practice.* By H. PLEASANTS, M. D., of West Philadelphia.

THE following brief notes attentively taken during attendance on a number of labours occurring in this vicinity within a few years, and also some practical observations founded on experience derived from these and other cases not recorded in this paper, are offered to the profession as a small contribution to our science.

The subjects of these cases were principally Americans:—293 had been previously delivered; 123 were 1st labours; unnoted, 4; total, 420. Of these, 395 were at or near full term; 25 early in pregnancy.

These labours occurred in the following number in each month.

Jan.	28	May	32	Sept.	29
Feb.	24	June	34	Oct.	44
March	37	July	39	Nov.	35
April	28	August	29	Dec.	36

Total at full term, 395.

Five of these labours at full term were double, and all consequently afforded 400 presentations. These were of the head, 356; breech, 7; feet, 3; unnoted, 34.

Of these 356 head presentations, there were placed in the 1st position, 268; 2d, 43; 4th, 10; 5th, 4; face, 5; unnoted, 26; total, 356.

Many of these cases of 1st and 2d positions were, at the commencement of labour, detected in the 4th or 5th positions; and indeed, since my attention has been directed to the subject, a majority of head presentations have, *when a satisfactory examination could be effected*, been observed to present the vertex posteriorly at the *commencement* of labour. Under such circumstances the natural efforts have generally brought the vertex under the pubic arch, as labour progressed; but in others, pressure at the sides of the cranium has been advantageously resorted to, while in a few, detected only in the latter period of labour, no efforts deemed proper have been successful in effecting this desirable rotation.

From the above observations and known natural cause of rotation of the head, we infer, that the means ordinarily advised to rectify the postero-vertical position of the head should always be deferred until the head shall have reached those planes calculated to direct the vertex anteriorly; that interference before that time will be frequently unnecessary, and in the latter periods of labour inadequate to accomplish the object.

The average duration of labour in the above cases was about six hours; the extremes one and forty-eight. Labours giving birth to males were more protracted than those resulting in female births as 6·3 to 5·3.

On this subject, however, experience is more likely to vary than on most subjects here analyzed, owing to the difficulty of deciding the exact time of commencing labour. The pains are of course very fallacious, every practitioner of even small experience, having been called to patients suffering from pains, regarded by themselves and female attendants, similar to former labours, but which the tactus eruditus has instantly distinguished. These pains, being frequently precursors of genuine labour, confound all statements of the patient or attendants, while the time elapsing before the

physician is summoned or procured, renders most statements of the duration of labour little to be relied on.

The most important complications, which occurred previously to delivery, occasioning great anxiety or delay, were—

Two cases of placenta prævia and consequent flooding.

Two cases of puerperal convulsions.

Four cases of mal-position of the head.

One case of disproportionately large size of child.

One case of prolapsed cord.

The first case of placenta prævia occurred in the fourth pregnancy of a very vigorous woman, aged thirty years; there had been frequent uterine hemorrhages, occurring during the latter two months of gestation. The discharge became excessive immediately preceding labour pains at full term. The recumbent position, quietude, cool air and the tampon were used with only partial success; and after the dilatation of the os uteri, the hand was introduced at the side of the placenta, both feet grasped, and the woman easily and rapidly delivered of a large male infant dead at the time of birth. In this case the middle of the placenta was over the os uteri. After some hemorrhagic reaction lasting for a few days and requiring very little and mild treatment, the woman was soon fully restored.

The subject of the second case of placenta prævia was thirty-five years of age, of a relaxed fibre, and in her eighth pregnancy; here flooding did not supervene until five days before labour, and was, at first, completely under control of the means resorted to at the commencement of the preceding case; but when severe protruding pains came on these agents were inadequate to suppress the discharge which, notwithstanding their use, became excessive. The pelvis here being large and the pains powerful, the child, which was small and presenting most favourably, was soon expelled by the unassisted efforts of nature. Here the edge only of the placenta was over the os uteri. This patient suffered for a long time from the effects of excessive loss of blood; violent hemorrhagic reaction primarily supervened; then dropsical effusions in extremities and abdomen; and for many months, great debility continued: but under a mild temporizing plan of treatment, as in the first case, with diuretics of juniper berry tea and sweet spirits of nitre, she recovered perfectly.

The first case of puerperal convulsions occurred in a healthy young English woman at the commencement of her first labour; these convulsions were of the epileptic character. The treatment consisted of general and local bleeding, and proved adequate to overcome the convulsions several hours previous to delivery. Here the natural uterine efforts effected delivery in about ten hours subequent to the first convulsion—and no unpleasant symptoms followed.

The second case of puerperal convulsions was of a decidedly apoplectic character. The patient was a healthy woman, twenty-seven years of age, who had passed well through two labours ending with the birth of healthy children. From the commencement of labour and previously to my taking charge of her, almost complete insensibility was present. The labour was a little premature and apparently excited by a slight blow upon the abdomen. I did not see her in labour until after the first convulsion, which occurred at four P. M., Dec. 11, 1844. When I first saw her, I was informed, that she had been in ordinary good health previous to the day of her attack—had complained on that morning of much pain in the head and sickness at stomach, and had vomited several times. At the time of my

seeing her, her intellect was very dull—eyes fixed excepting whilst convulsed; the pupils dilated—pulse frequent aad feeble, extremities and *head cool*. During the convulsion her whole muscular system was frequently and powerfully agitated; and at this time slight and not protruding pains were present. For these symptoms I advised a stimulating injection into bowels—sinapisms to extremities, aad nfter the pulse rose a little, v. s. to ℥viij, making an evident approach to syncope. The convulsions still continued to recur with unabated violence at each recurrence of uterine contraction. Dr. J. F. Meigs saw this patient with me at eight o'clock, P. M. Soon afterwards she was again bled to the same extent as before, and laudanum, gtt. lx., administered. About this time the purgative enema came away without any feculent evacuation. At ten o'clock the laudanum had been given three times, the convulsions still continuing unabated either in frequency or violence, nnd as the os uteri was found well dilated and soft it was thoaght advisable to deliver as speedily as possible. The short forceps were therefore easily applied to the head presenting in the first position, and already descended to the inferior strait, and a small female was extracted without any difficnlty. From this period, though the coma remained, there was no convulsion until four o'clock A. M. of the 12th; this was stated, by the attendants, to be of the same character as those previous to delivery.

At nine o'clock A. M., oa the 12th, I found her much as when we left her nine hours before; the pulse had risen, however, and the skin generally was hotter. ℞.—V. S. ℥viij. ℞.—Hydrarg. submuriat.; pulv. opii, ää gr. j. in one pill to be taken every two hours. Died at five o'clock P. M., haviag taken only two pills. No examination of the body was permitted in this case, which is the only death I have ever observed as a consequence of parturition.

One of the four cases of mal-position of the head, I was called to August 29th, 1843, by another practitioner, who stated, that the female hnd been in labour about thirty hours; that the waters had been evacuated for fifteen hours; that immediately after their evacuntion the pains had been very powerful, and had caused the head to descend into the position it then occupied; that, for the last few hours, the pains had continued to decrease, and appeared to exert no beneficial effect; that he had endeavoured to re-excite the uterine contractions hy administering ergot, but no advantage had been gained; that, subsequently, he had endeavoured to effect delivery by the forceps, but could not succeed in his attempts. The patient was a small, healthy woman, about thirty years of age, who had previously passed through four labours naturally, without any untoward symptom. I fouad her, as may be supposed, much exhausted; the countenance was expressive of great anxiety and suffering; the pulse was full and 140 per minute. There were frequent attacks of vomiting, and a great feeling of general uneasiness. The bowels and bladder had beea evacuated a few hours before. Upon examination, the vulva was fouad much swollen, dry, and warm. The vertex presenting to the left, aad not to have descended sufficieatly with the forehead, thereby causing the head to be jammed between opposite sides of the pelvis. Considering that delivery should be accomplished as soon as possible, we endeavoured to prepare her system for further efforts, by administering mild nourishment, containing a small quantity of brandy, also ordering one hundred drops of laadanum and quietnde, till the effects of these means were observed. At 5½ o'clock P. M., one hour subsequent

to the period above referred to, we again met, having Dr. J. F. Meigs to assist us. The woman was now much easier; the vomiting had ceased; the pulse was stronger, and 120 per minute. The pains were still full, and had effected no change on the head, which continued in the situation above specified. We endeavoured to rotate the vertex towards the symphysis, first, by the hand, and, subsequently by the vectis and forceps, but utterly failed in all our attempts. Deeming further delay improper, and being satisfied of the death of the child, we determined on the propriety of craniotomy; this was skilfully performed by Dr. Meigs, and the woman, by the application of the forceps to the empty and contractable cranium, was delivered of a large male about 8 o'clock, P. M. During the operation, it was requisite to support our patient with wine and nourishment, and to administer laudanum. Her pulse, which had risen to 150 per minute, fell, within an hour after delivery, down to 100, and the woman felt almost as comfortable as after ordinary labours. No unpleasant symptoms succeeded, and the female soon recovered her ordinary good health.

Three of the remaining cases noted as mal-positions of the head, presented the root of the nose to the symphysis pubis, and the unassisted efforts of the uterus in the first and third cases, appeared to be unable to effect delivery. In each of these, detected only after the head had descended into the lower portion of the pelvis, and several hours had passed in severe labour, the fore and middle fingers of the right hand were pressed against the roof of the orbits, and by thus drawing the forehead downwards, and pressing it back, the cases were converted into the position of first face presentations, at the latter periods of labour. This change was very easily effected, and in the course of half an hour after the attempt to rectify this position, the females were delivered of living children, without more suffering than commonly attends the ordinary efforts in the last period of vertex cases.

In noticing these two cases attentively, in their passage under the arch of the pubes, I found that the anterior inferior edge of the upper maxillary bone offered closely under the arch, and, being there pressed by the forces applied against the forehead and vertex, descended, while the chin remained arrested in its descent by the opposing symphysis. The mouth being thus opened received the convexity of the bones, and thereby a slight decrease in this diameter of the child's head was produced. After the anterior inferior portion of the upper maxillary bone had thus descended, the forehead was born, and, with greater distension of the perineum, and still greater recession of the chin, the vertex descended just before the escape of the chin completed the delivery of the head. This mechanism I have also observed in one natural face presentation, and doubt not that it occurs frequently. I do not remember ever having seen any statement of this mechanism in works on midwifery, but am none the less positive as to the correctness of the observations in these cases.

The second case of the above character, presenting the root of the nose to the symphysis, I detected before the expulsion of the waters, and by supporting the forehead during the pains, while the vertex descended, succeeded in changing it into a first vertex presentation. This was a twin case, and, after the expulsion of the first child, the second was observed to present the vertex in the first position.

The fifth case of mal-position of the head was a face presentation, with the chin to the sacrum. Here, after ineffectual efforts to rotate the chin forward by the hand, the vectis was introduced, and thereby, the chin, as

labour progressed, was brought anteriorly, so as to present under the arch of the pubis, and the sufferings of the patient brought to a speedy and happy termination.

It may be in place here to remark, that in the few cases of face presentations which I have seen, there has been scarcely more suffering than in ordinary labours; the duration has not exceeded that of vertex cases, and the child has in no instance been still-born.

The case above referred to, as retarding delivery by the disproportionately large size of child, occurred in December, 1844. This patient was rather small, though strong and healthy; she had passed well through three previous labours; in the present labour the child presented in the first position of the vertex. The head, notwithstanding good protrusive pains, progressed very slowly for several hours, and as the uterus, by protracted efforts became fatigued, the pains decreased in power, and even the administration of ergot did not excite sufficient contraction to cause important change; therefore, after having awaited the natural efforts, until it was feared that injury might result to the soft parts by allowing a more protracted pressure of the head, and the patient might become too far exhausted, we applied the forceps. These instruments were exceedingly difficult to adjust to the head presenting obliquely, at the inferior strait, and after ineffectual efforts to rotate the vertex to the arch, we succeeded in applying them sufficiently firmly by grasping the lock with the left hand, as to speedily deliver the patient of a large still-born male. No injury was produced either to the mother or child by the forceps, and the woman suffered no unpleasant consequences.

In the only case of prolapsed cord which I have seen, I could not succeed in any efforts to keep the cord permanently restored within the uterus; though its restoration in absence of pain was sufficiently easy, each uterine contraction caused its immediate expulsion; however, by frequently restoring it until the head occupying the upper strait presented, and by pressing the hand as much as possible from the funis during the absence of pain, as well as by judiciously hastening the delivery of the chest after the exit of the head, we succeeded in terminating the labour favourably to the child.

In concluding the particulars of these cases, I may be permitted to reiterate, that in the whole number, the operation of *turning* was only *once* requisite; that the *forceps* were used *twice* successfully, when they seemed to be imperiously demanded, and on *three occasions* with benefit; that craniotomy was once performed necessarily; and, finally, that in no instance, excepting of course craniotomy, was artificial delivery or manual interference apparently productive of injury either to the mother or child.

Such are the most prominent facts which it seems useful to notice in reference to the individual cases; there are, however, other observations having a general reference to the whole, which cannot be properly omitted.

In proportion to my experience, I am more and more confirmed in the propriety of the *early delivery of the placenta*, and I find it advisable to introduce the hand, for this purpose, if no especial reason exists for delay, in preference to awaiting its uncertain expulsion by the natural pains. I would not await alarming symptoms to indicate the necessity of this measure, but rather anticipate them. When this course is pursued early and skillfully managed, less pain is caused, and considerably less discharge follows, than when the placenta is trusted to the efforts of the uterus already fatigued; and the uterus and general system are earlier at rest, and

less exhausted. For similar reasons, too, when after full delivery, the discharge collects and coagulates in the uterus or vagina, and the former, when excited by graspings over the uterine region, does not *speedily* expel them, I introduce my fingers or hand in the vagina, or, if need be, into the uterus itself, break them up and remove them.

This operation it is *seldom* necessary to perform, for if proper attention be paid to procure immediate contraction of the womb, after removal of the placenta, the coagula will not ordinarily be formed, sufficiently to cause the evil alluded to;—the uterus, being once firmly contracted to proper size, will very rarely relax sufficiently to cause alarming symptoms. Sufficient exceptions, however, occur to warn us against *implicit reliance on this symptom.*

In case 353, after firm contraction the uterus relaxed, and I was obliged to resort to this operation before it could be reduced to its proper volume.

In case 293, this relaxation occurred the second time and was not finally overcome until the effect of tinct. of ergot was perceptible.

Of 413 children whose sex has been noted, 221 were males and 192 females.

No regular account has been preserved of their size or weight, but the largest weighed fifteen pounds within the 24 hours after birth, and the smallest healthy child which lived, weighed when six weeks old, only six pounds four ounces.

The following peculiarities of coaformation, I have noted as worthy of record.

One female had the umbilicus three inches to the right of the median line.

One coloured male was deficient in the thumb, index, and middle fingers of each hand—and his brother in the same fingers, but had thumbs.

Another male was deficient in the ring and little finger of left hand.

A female had no left hand, but the end of a well formed carpal joint was terminated by five small nails.—Another had no thumbs.

The right eye of a boy was one-half smaller than the left—the vision seemed at first good in each eye, but gradually the sight of the smaller eye became impaired.

One male presented a most hideous appearance in consequence of hare lip. There was no roof to this child's mouth, and only a small portion of alveolar process of the upper jaw on each side. The septum nasi ran to the right angle of the mouth, and the left ala joined the left angle, thus leaving a large gap in which the tongue could be seen at all times. Sucking was here impracticable; every effort to take nourishment was attended with strangulation, and the infant died on the sixth day.

One male had spina bifida, and preternaturally small lower limbs, each foot presenting a varus internus. This infant, at first apparently in good health, soon suffered from convulsions, and died in about three weeks.

A male child, otherwise well formed and healthy, had imperforate anus. There was in this case no attempt to form an anus. This child did not appear to feel any inconvenience from deformity for about 48 hours after birth; it took a little nourishment, passed water freely, and seemed well, but about that time it became uneasy. Having decided on the necessity of attempting to relieve the bowel, it seemed best, as no exact spot had been marked by nature, to delay till either those urgent symptoms arose or the distention of the lower bowel designated the precise point to operate, and we accordingly waited. On the third day the child passed urine through

the penis, and the urine presented a thick sediment, which remained on the diaper after the aqueous particles had evaporated. The child became more and more uneasy, and on the fourth day, finding that it would preclude all hope to defer longer, we endeavoured to form an anus, by incising in the ordinary place, and subsequently to penetrate to the gut, by pushing the bistoury and trocar into the ordinary situation of the rectum, but every effort failed. The infant continued to become more restless; rejected from its stomach the small quantity of milk which it took, and after the fifth day, till about the ninth, it could scarcely be induced to swallow anything. Then, however, wonderful to say, without any particular cause, he took the breast, and gradually the appetite returned; the vomiting became less frequent, the child looked better, and seemed to suffer less; this improved condition continued till the fourteenth day, when all the symptoms returned and gradually increased till the death of the little sufferer on the 21st day of extra uterine life. The whole amount of sedimentous matter passed through the urethra of this child, we estimated at less than two teaspoonsful.

On examining this body after death, we found great emaciation, particularly of extremities; the abdomen distended; its percussion over lower part dull; the skin covering abdomen of a light brown. On opening the body, the peritoneum both over the parietes and bowel was injected, and of a dark red. No adhesions had been formed, nor was there an inordinate amount of serum. There was no malformation observed in tracing the bowel from above down, till arriving at lower part of colon. This bowel here terminated in a small appendage, resembling the appendicula vermiformes, which communicated with the cavity of the colon, ran below the neck of bladder, and emptied into the urethra at side of the caput gallinaginis.

The bowels were distended with a very thick substance, resembling, as we might suppose, a mixture of meconium and fecal matter.

There was no extraneous matter in the bladder.

All the parents of these children were well formed, and excepting in one instance, no near relationship existed between them.

West Philadelphia, 1847.

Art. IX.—*Extirpation of a peculiar form of Uterine Tumour, simulating Ovarian Disease, by the large Peritoneal Section, followed by an unsuccessful result.* By Samuel Parkman, M. D., one of the Surgeons of the Massachusetts General Hospital, Boston.

Miss S——, a single woman aged twenty-seven years, entered the Massachusetts General Hospital, Dec. 18th, 1847, with a tumour of the abdomen, and gave the following account of its growth. One year previously, she first observed a fullness of the abdomen, her attention being attracted by her clothes being too small at the waist, and she then detected a tumour which she is rather inclined to think, was towards the left side, though she is not definite upon the point. This tumour has continued to increase slowly at first, but more rapidly within the past six months, until it has attained its present size. Her general health has been unaffected. She